

**PAVEMENT MANAGEMENT SYSTEM (PMS)
CERTIFICATION****STATE TRANSPORTATION IMPROVEMENT PROJECTS****Local Agency Letterhead**

To: (Regional Transportation Planning Agency/County Transportation Commission)
(Address)

Date :
PPNO: _____
Project Description:

The City/County of _____ certifies that it has a Pavement Management System (PMS) and the project meets the criteria described in Section 23.2 of this chapter. A system must be in place to meet standards for pavement rehabilitation projects programmed in the STIP.

The system was developed by _____ and contains, at a minimum, the following elements:

- Inventory of all existing pavements under the City/County jurisdiction.
Centerline miles _____
Total lane miles (or equivalent units) _____
The last update of the inventory was completed _____, 20__
- Identification of sections of pavement needing rehabilitation
Total lane miles (or equivalent units) _____
- Estimate of the cost to rehabilitate deficient sections \$ _____
- A procedure to identify rehabilitation strategies that are cost effective
(Briefly describe it on an attached sheet.)

You may direct any questions regarding the system to _____ at _____.
(name) (phone number)

Signature _____ Title: _____

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